



Needham Public Health Department

1471 Highland Avenue, Needham, MA 02492 781-455-7500 ext. 511
www.needhamma.gov/health 781-455-0892 (fax)



POOL VARIANCE REQUEST

Fee

Make check payable to
Town of Needham/Health
Department

Name: _____

Address: _____

City/Town: _____

Phone Number: _____

Regulation and nature of variance request (please note section):

Regulation: _____

Nature of Request: _____

Reason for Request: _____

For Health Department use only

Date of site visit if any: _____

Date hearing notice was published: _____

Date hearing was held: _____

Health Department decision: _____

Variance in effect from _____ to _____

Please attach all pertinent documents including a copy of the written decision.